

State of Arizona

Department of Health Services

Request For Grant Application (RFGA)

RFGA Number: HR854059

RFGA Due Date / Time:

Time: September 7, 2007 at 3:00 P.M. Local Time

Submittal Location:

Arizona Department of Health Services
1740 West Adams Street, Room 303
Phoenix, Arizona 85007

Description of Procurement:

Arizona Health Disparities Collaborative Community Projects

A Pre-Application Conference:

N/A

<i>Date</i>	<i>Time</i>	<i>Location</i>
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In accordance with A.R.S. §41-2701, competitive Sealed Grant Applications will be received by the Arizona Department of Health Services, at the above-specified location until the time and date cited.

Applications must be in the actual possession of the Arizona Department of Health Services, Procurement Office on or prior to the time and date, and at the submittal location indicated above. ***Late Applications will not be considered.***

Applications must be submitted in a sealed envelope or package with the RFGA Number and the Applicant's name and address clearly indicated on the envelope or package. All Applications must be completed in ink or typewritten. Additional instructions for preparing an Application are included in this RFGA.

Persons with disabilities may request special accommodations such as interpreters, alternate formats, or assistance with physical accessibility. Requests for special accommodations must be made with 72 hours prior notice. Such requests are to be addressed to the RFGA Contact Person.

APPLICANTS ARE STRONGLY ENCOURAGED TO CAREFULLY READ THE ENTIRE RFGA.

Grant Solicitation Contact Person:

Elizabeth Casteel

Name

Tel: 602-542-2934

Email: castee@azdhs.gov

Telephone Number / Email

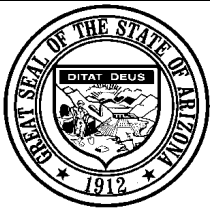
State Government Administrator

Date

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GRANT APPLICATION
RFGA NO.: HR854059

Arizona Department of Health Services
1740 W. Adams, Room 303
Phoenix, Arizona 85007
(602) 542 - 1040
(602) 542 - 1741 (Fax)

The Undersigned hereby applies and agrees to furnish the materials, service(s) or construction in compliance with all the terms, conditions, specifications, any amendments in the Request and any written exceptions in the Application.

Applicant's Arizona Transaction (Sales) Privilege Tax License Number: _____

Applicant's Federal Employer Identification Number: _____

Applicant's Name

Name of Person Authorized to Sign Application

Street Address

Title of Authorized Person

City State Zip Code

Signature of Authorized Person Date

Telephone Number: _____

Facsimile Number: _____

Acknowledgement of Amendment(s):
(Applicant acknowledges receipt of amendment(s)
to the Request for Grant Application and
related documents numbered and dated)

Amendment No.	Date
_____	_____
_____	_____
_____	_____

Amendment No.	Date
_____	_____
_____	_____
_____	_____

ACCEPTANCE OF APPLICATION AND GRANT AWARD
(For State of Arizona Use Only)

Your Application, dated _____, is hereby accepted as described in the Notice of Award. You are now bound to perform based upon the RFGA and your Application, as accepted by the State.

This Grant will henceforth be referred to as Grant Number: _____.

You are hereby cautioned not to commence any billable work under this Grant until you receive an executed purchase order, grant release document, or written notice to proceed, if applicable.

State of Arizona

Awarded this _____ day of _____ 2007

State Government Administrator

INTRODUCTION

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STATEMENT OF PURPOSE

The Arizona Department of Health Services (ADHS), Arizona Health Disparities Center (AHDC) mission is to promote and protect the health and well being of the minority and vulnerable populations in Arizona by enhancing the capacity of the public health system to effectively serve minority populations and reduce health disparities. The Arizona Health Disparities Center serves as Arizona's central source of information and resources related to minority health and health disparities. AHDC will provide leadership by building networks and community capacity to promote the health and wellness of all people in Arizona. The functional structure of the Arizona Health Disparities Center includes: Strategic Planning and Policy Promotion, Community Technical Assistance, Resource Brokering and CLAS Standards Training.

AHDC is pleased to announce the availability of funds for support of collaborative community projects targeting minority health needs to further the goal of eliminating health disparities. The grant funds are for support of new or on-going minority health collaborative community projects/activities throughout the state. Projects and/or activities must further the goals of reducing health disparities by:

1. Targeting a major health disparity based on available data, and/or
2. Enhance access to care for vulnerable and minority populations, and/or
3. Enhance cultural competency amongst healthcare providers and the public health workforce.

Examples include but are not limited to the following:

- Training community women to provide support to teens and women before, during and after pregnancy.
- Facilitating entry into a healthcare system for a given target population.
- Improving the quality of care for patients who need language access services (LAS) and/or have low health literacy.
- Improving service provider systems to enhance culturally competent care.

In developing this application, Applicant(s) / communities are invited to consult the following web site for information about the Arizona Health Disparities Center at www.minorityhealth.gov and refer to the following resources:

1. Arizona Department of Health Services, Health Status and Vital Statistics document: *Differences in Health Status by Race/Ethnic Group* at <http://www.azdhs.gov/plan/report/dhsag/index.htm>
2. Arizona Department of Health Services , Arizona Health Disparities Center, Resource Links: <http://www.azdhs.gov/phs/healthdisparities/resource-links.htm>
3. Arizona Department of Health Services , Arizona Health Disparities Center, National Standards for CLAS Resource Page: <http://azdhs.gov/phs/healthdisparities/clas-info-resources.htm>
4. Centers for Disease Control; Office of Minority Health: <http://www.cdc.gov/omh/>
5. U.S. Department of Health and Human Services; Office on Women's Health: <http://www.womenshealth.gov>
6. U.S. Department of Health and Human Services; Office of Minority Health: <http://www.omhrc.gov/>
7. U.S. Department of Health and Human Services; National Institutes of Health; National Center on Minority Health and Health Disparities: <http://www.ncmhd.nih.gov/default.html>
8. U.S. Department of Health and Human Services; Agency for Healthcare Research and Quality; Minority Health: <http://www.ahrq.gov/research/minorix.htm>

INTRODUCTION

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WHAT WILL BE FUNDED WITH THIS GRANT APPLICATION

1. What are the Goal(s) and Priority Areas?

The goal for this funding is to support collaborative community projects/activities that target vulnerable and minority populations with major health disparities based on available data. Priority health areas for this funding will be based on documented racial/ethnic health disparity needs. The priority health disparity areas for this grant are based on the information in the publication from the Arizona Department of Health Services, Health Status and Vital Statistics publication *Differences in the Health Status Among Race/Ethnic Groups, Arizona, 2005* (<http://www.azdhs.gov/plan/report/dhsag/dhsag05/index.htm>); this document will be used as **guidance** in determining funding priorities.

2. What is the Funding Source for this Grant?

The funding source for this grant is federal: U.S. Department of Health and Human Services, Office of Public Health and Science, Office of Minority Health, State Partnership Grant Program to Improve Minority Health Grant (STTMP051000-02). The funding is a combination of carry over funds and the allocation for the 2007 fiscal year grant cycle. This level of funding is not projected to be available in subsequent years.

3. What is the Total Amount of Available Funds?

The total amount of funds available for this project is \$109,923. Funds are limited. Grant awards are limited and will be awarded in amounts between \$5,000 and \$10,000 per grant application. There is no fixed amount for each award. The funds will be awarded as appropriate to applicants that meet the intention of the Grant guidance (see below). The amounts will be based on proposed project/activity.

4. Funding Exclusions:

Due to the nature of these funds, awards may **not** be used for:

- a. Capital improvement.
- b. Laboratory, research or medical care (direct service care).

ELIGIBILITY
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ELIGIBLE APPLICANTS

1. Other Governmental Agencies (counties, cities, etc) and non-profit organizations 501 (c) are eligible to apply.
2. **Each funded organization must meet the following criteria:**
 - a. Does not currently receive funding from ADHS for the **same** project/activity for which the Grant is being sought.
 - b. Is organized as an entity that can receive these funds, or is working in partnership with an organization that can serve as a fiscal intermediary.

INSTRUCTIONS

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SPECIAL INSTRUCTIONS TO APPLICANTS

1. Application Opening:

Applications shall be opened publicly at the time and place designated on the cover page of this document. The name of each Applicant shall be read at this time. After Grant award, the applications and evaluation documents shall be opened for public inspections.

2. Evaluation Criteria:

Grant Applications will be evaluated according to A.R.S. § 41-2702 and based upon the evaluation criteria listed below. The criteria are listed in the relative order of importance and include the following:

- a. Proposed Project and Methods to perform and complete the work.
- b. Experience/Expertise/Reliability and Qualifications based on background, organization chart and staff resumes.
- c. Collaboration as demonstrated by one (1) Letter of Support from collaborative agencies describing support of the proposed partnership.
- d. Cost: Budget Summary and Price Sheet showing proposed cost(s), including other sources of funds if applicable.
- e. Conformance to all other Grant Requirements and Conditions.

3. RFGA Questions:

Submit any questions about the RFGA needing clarification, in writing, not later than seven (7) working days prior to the RFGA due date to:

Elizabeth Casteel, Office of Procurement
Arizona Department of Health Services
1740 West Adams, Room 303
Phoenix, Arizona 85007
Phone No.: (602) 542-2934
Fax No.: (602) 542-1741
E-mail address: castee@azdhs.gov

4. Confidential Information:

If an applicant believes that their Application contains information that should be withheld, a statement advising the ADHS Administrator of this fact and explaining the reasons for confidentiality shall accompany the submission, and the information shall be so identified wherever it appears. The person shall stamp or specifically identify all information believed to be confidential. The information identified by the person as confidential shall not be disclosed until the ADHS Administrator makes a written determination. The ADHS Administrator shall review the statement and information and shall determine in writing whether the information shall be withheld. If the ADHS Administrator determines to disclose the information, the ADHS Administrator shall inform the person in writing of such determination.

5. Oral or Written Presentations:

The Department reserves the option to conduct oral or written presentations with Applicants. The purpose of these presentations is to discuss information and to assure full understanding of and responsiveness to the Application requirements regarding the Grant.

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6. Multiple Awards:

In order to assure that any ensuing Grants will allow the State to fulfill current and future needs, ADHS reserves the right to award Grants to multiple Applicants.

7. Limited Funding:

ADHS may award Grants for less than the proposed amount.

8. Irrevocable Applications:

Applications shall be irrevocable until and after the Grant contracts are awarded.

9. Collaborative Partnerships within Program Area:

The state encourages partnerships with other entities and programs within communities. Partnerships and/or collaborative efforts are defined as joint efforts with other entities that could provide additional resources, such as funding, in-kind, direct services, volunteers, and community support. When proposing partnerships, provide letters of agreement or memoranda of understanding describing the roles and responsibilities each partner will assume and signed by appropriate partners.

10. Authorized Signature:

A. For any document that requires the Applicant's signature, the signature provided must be that of the Owner, Partner or Corporate Officer duly authorized to sign the Grant agreements. Additionally, if requested by ADHS, disclosure of ownership information shall be submitted.

- (1) Privately Owned: The Owner must sign the grant application.
- (2) Partnership: A Partner must sign the grant application.
- (3) Corporation: A duly authorized Corporate Officer must sign the grant application.
- (4) Public Entity: Director

B. If a person other than these specified individuals signs the grant application, a Power of Attorney indicating the employee's authority must accompany the grant application. All addenda to the grant application shall be signed by the authorized individual who signed the grant application except that they may be signed by a duly authorized designee.

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HOW TO PREPARE AND SUBMIT AN APPLICATION

1. Read and familiarize yourself with all sections of this RFGA.
2. Definition of Terms used in this RFGA.
 - A. ***“Activities”*** are day-to-day and periodic things that are accomplished to meet the goal(s). They are usually single-faceted, simply stated and numerous.
 - B. ***“ADHS”*** means the Arizona Department of Health Services.
 - C. ***“Department”*** means the Arizona Department of Health Services.
 - D. ***“Shall or Must”*** indicates a mandatory requirement. Failure to meet these mandatory requirements may result in the rejection of an application.

3. **Required Application Information.**

One (1) original and three (3) copies of each Application shall be submitted on the forms and in the format specified in the RFGA. The responses shall be typed using a 12-point font and single-spaced. The original copy of the Application should be clearly labeled "ORIGINAL". The material should be in sequence and related to the RFGA. The Department will not provide any reimbursement for the cost of developing or presenting applications in response to this RFGA. Failure to include the requested information may have a negative impact on the evaluation of the applicant's Application. Applications shall have a table of contents, and tabs for each section. The original, ink-signed Application shall be provided in a 1 inch, 3-ring binder labeled with Applicant's name and project title, with tabs for each section. The copies shall be submitted stapled or clipped and marked as "copy". The Application should be organized and submitted in the following order:

- a. Table of Contents for entire Application with page numbers.
- b. Signed Application and Award Form.
- c. Terms and Conditions (one set with the original Application only).
- d. Grant Certification Form (**Attachment 2**)
- e. Proposed Project and Methods to perform and complete the work, as shown in the Scope of Work on pages 14 - 16. (**not to exceed total of 10 pages**)
- f. Experience/Expertise/Reliability and Qualifications
 - i. Provide a description of Applicant's background.
 - ii. Organization Chart - Provide a current organizational chart of the personnel. Chart shall include the Contractor and its subcontractors.
 - iii. Resume(s) for the identified staff.
 - iv. If any part of the Applicant's services/work on any contract awarded pursuant to this RFGA is to be performed by subcontractors, identify such parties and describe their functions. Also include resumes of the senior/executive officers and key personnel of the subcontractors to be assigned to this Contract.
 - v. Provide one (1) Letter of Support from one of your identified coalition member or partner demonstrating a commitment to participate in the proposed project.

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- g. Complete Budget Summary and Price Sheet/Fee Schedule including other sources of funds, if applicable. (**Refer to Attachment 1 and the Price Sheet/Fee Schedule**).
- h. Documentation of 501 (c) status, if applicable (IRS determination letter and articles of incorporation).
- i. Grant Payment Request Form (**Attachment 4**). This form will be used when / if an award is granted and payment is requested.
- j. Other Attachments as applicable. For example, copies of sub-contractor's contract, example of applicant program materials and copies of curricula (youth and/or parent/adult).

TERMS AND CONDITIONS

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TERMS AND CONDITIONS

1. **Grant Term:** The initial term of this Grant shall commence on the date the ADHS Administrator signs the Application and Acceptance Form and shall remain in effect through January 31, 2008, unless terminated, canceled, or extended as otherwise provided herein.
2. **Grant Type:** Cost Reimbursement.
3. **Grant Amendments:** Any change in this Grant, including the Scope of Services, shall only be accomplished by a formal, written grant amendment, signed by the ADHS Administrator. Any such amendment shall be within the scope of the grant and shall specify the change, any increase or decrease in Grant amount and the effective date of the change. The Grantee expressly and explicitly understands and agrees that no other method and/or no other document, including correspondence, acts and oral communications by or from any person, shall be used or construed as an amendment to this Grant.
4. **Information Disclosure:** The Grantee shall establish and maintain procedures and controls that are acceptable to the state for the purpose of assuring that no information contained in its records or obtained from the State or from others in carrying out its functions under the Grant shall be used or disclosed by it, its agents, officers, or employees, except as required to efficiently perform duties under the Grant. Persons requesting such information should be referred to the State. The Grantee also agrees that any information pertaining to individual persons shall not be divulged other than to employees or officers of Grantee as needed for the performance of duties under the Grant, unless otherwise agreed to in writing by the State.
5. **Licenses:** Grantee shall maintain in current status, all Federal, State and local licenses and permits required for the operation of the business conducted by the Grantee.
6. **Key Personnel:** It is essential the Grantee provide an adequate staff of experienced personnel, capable of and devoted to the successful accomplishment of work performed under this Grant. The Grantee must assign specific individuals to key positions of responsibility. Once assigned to work under this Grant, key personnel shall not be removed or replaced without prior express written approval by the ADHS Program Administrator.
7. **Sub Contracts:** The Grantee shall not enter into any Subcontract under this Grant for the performance of this Grant without the advance written approval of the ADHS Program Administrator. The Grantee shall clearly list any proposed subcontractors and the subcontractor's proposed responsibilities. The Subcontract shall incorporate by reference the terms and conditions of this Grant.
8. **Suspension or Debarment Status:** If the firm, business or person submitting this Application has been debarred, suspended or otherwise lawfully precluded from participating in any public procurement activity, including being disapproved as a Grantee with any federal, state or local government or if any such preclusion from participation from any public procurement activity is currently pending, the Applicant shall fully explain the circumstances relating to the preclusion or proposed preclusion in the Application. The Applicant shall include a letter with its Application setting forth the name and address of the governmental unit, the effective date of this suspension or debarment, the duration of the suspension or debarment, and the relevant circumstances relating to the suspension or debarment. If suspension or debarment is currently pending, a detailed description of all relevant circumstances including the details enumerated above shall be provided. The Application of an Applicant who is currently debarred, suspended or otherwise lawfully prohibited from any public procurement activity shall be rejected.
9. **Federal Procurement Suspension/Debarment:** All applicants upon submittal and signature of their application hereby attest and certify that the company has not been debarred or suspended from federal procurements.
10. **Audit:** Pursuant to A.R.S. §35-214, at any time during the term of this Grant and five years thereafter, the Grantee's or any subcontractor's books and records shall be subject to audit by the State and, where applicable, the Federal Government, to the extent that the books and records relate to the performance of the Grant.

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11. **Accounting Requirements:** All financial records shall be maintained and expenditures made in accordance with the Generally Accepted Accounting Principles to permit accurate tracking of funds to a level of expenditure adequate to ensure proper use of funds.
12. **Payment:** The Grantee shall submit to ADHS, a statement of charges in a form provided as **Exhibit 2**, Contractor's Expenditure Report (CER) for the work completed under an approved project manager in conformance with the price sheet/fee schedule of this contract.
13. **Purchase Orders:** The Grantee shall, in accordance with all terms and conditions of the Grant, comply with all purchase orders received by the Grantee prior to the expiration or termination hereof, unless otherwise directed in writing by the State Government Administrator, including, without limitation, all purchase orders received prior to but not fully performed and satisfied at the expiration or termination of this Grant.
14. **Financial Management:** For all Grants, the practices, procedures, and standards specified in and required by the Accounting and Auditing Procedures Manual for Arizona Department of Health Services funded programs shall be used by the Grantee in the management of Grant funds and by the Department when performing a Grant audit. Funds collected by the Grantee in the form of fees, donations and/or charges for the delivery of these Grant services shall be accounted for in a separate fund.

State Funding. Grantees receiving state funds under this contract shall comply with the certified Compliance provisions of A.R.S. §35-181.03.

Federal Funding. Contractors receiving federal funds under this contract shall comply with the certified finance and compliance audit provisions of the Office of Management and Budget (OMB) Circular A-133, if applicable. The federal financial assistance information shall be stated in a Change Order or Purchase Order.
15. **Arizona Substitute/IRS W-9 Form:** In order to receive payment the Grantee shall have a current Arizona Substitute W-9 Form on file with the State of Arizona, unless not required by law.
16. **Arbitration:** The parties to this Grant agree to resolve all disputes arising out of or relating to this Grant through arbitration, to the extent required by A.R.S. § 12-1518.
17. **Cancellation for Conflict of Interest:** Pursuant to A.R.S. § 38-511, the State may cancel this Grant within three (3) years after Grant execution without penalty or further obligation if any person significantly involved in initiating, negotiating, securing, drafting or creating the Grant on behalf of the State is or becomes at any time while the Grant or an extension of the Grant is in effect an employee of or a consultant to any other party to this Grant with respect to the subject matter of the Grant. The cancellation shall be effective when the Grantee receives written notice of the cancellation unless the notice specifies a later time. If the Grantee is a political subdivision of the State, it may also cancel this Grant as provided in A.R.S. § 38-511.
18. **Publications:** All materials published through the award of this Contract must include the following language:

"This publication was supported by the Arizona Department of Health Services, Arizona Health Disparities Center. The contents do not necessarily represent the official views of the Arizona Department of Health Services. Funding was made possible through the U.S. Department of Health and Human Services, Office of Public Health and Science, Office of Minority Health, State Partnership Grant Program to Improve Minority Health Grant."
19. **Health Insurance Accountability and Portability Act of 1996 (HIPAA) Requirements:** The Grantee warrants that it is familiar with the requirements of HIPAA and HIPAA's accompanying regulations and will comply with all applicable HIPAA requirements in the course of this contract. Grantee warrants that it will cooperate with the Arizona Department of Health Services (ADHS) in the course of performance of the contract so that both the ADHS and Grantee will be in compliance with HIPAA, including cooperation and coordination with the ADHS Privacy Officer and other compliance officials required by HIPAA and its regulations. Grantee will sign any documents that are reasonably necessary to keep the ADHS and Grantee in compliance with HIPAA, including, but not limited to, business associate agreements.

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If requested by the ADHS, Grantee agrees to sign the “Arizona Department of Health Services Pledge To Protect Confidential Information” and to abide by the statements addressing the creation, use and disclosure of confidential information, including information designated as protected health information and all other confidential or sensitive information as defined in policy. In addition, if requested, Grantee agrees to attend or participate in HIPAA training offered by the ADHS or to provide written verification that the Grantee has attended or participated in job related HIPAA training that is: (1) intended to make the Grantee proficient in HIPAA for purposes of performing the services required and (2) presented by a HIPAA Privacy Officer or other person or program knowledgeable and experienced in HIPAA and who has been approved by the ADHS HIPAA Compliance Officer.

- 20. Offshore Performance of Work Prohibited:** Due to security and identity protection concerns, direct services under this contract shall be performed within the borders of the United States. Any services that are described in the specifications or scope of work that directly serve the State of Arizona or its clients and may involve access to secure or sensitive data or personal client data or development or modification of software for the State shall be performed within the borders of the United States. Unless specifically stated otherwise in the specifications, this definition does not apply to indirect or “overhead” services, redundant back-up services or services that are incidental to the performance of the contract. This provision applies to work performed by subcontractors at all tiers. Grantees shall declare all anticipated offshore services in the Grant Application.
- 21. Federal Immigration Laws, Compliance by State Contractors:** By entering into this Grant, the Grantee warrants compliance with the Federal Immigration and Nationality Act (FINA) and all other Federal immigration laws and regulations related to the immigration status of its employees. The Grantee shall obtain statements from its subcontractors certifying compliance and shall furnish the statements to the Procurement Officer upon request. These warranties shall remain in effect through the term of the Grant. The Grantee and its subcontractors shall also maintain Employment Eligibility Verification forms (I-9) as required by the U.S. Department of Labor’s Immigration and Control Act, for all employees performing work under the Grant. I-9 forms are available for download at USCIS.GOV.

The State may request verification of compliance for any Grantee or subcontractor performing work under the Grant. Should the State suspect or find that the Grantee or any of its subcontractors are not in compliance, the State may pursue any and all remedies allowed by law, including, but not limited to: suspension of work, termination of the Grant for default, and suspension and/or debarment of the Grantee. All costs necessary to verify compliance are the responsibility of the Grantee.

SCOPE OF WORK

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ARIZONA HEALTH DISPARITIES CENTER

The applicant shall prepare and submit written responses addressing the following:

I. PROPOSED PROJECT AND METHODS: (not to exceed total of 10 pages)

- A. PROJECT INFORMATION:** Provide a brief summary of your proposed project/activity including the name of the project/activity and a description of the importance and relevance to reducing health disparities. The project(s) and/or activities must further the goals of reducing health disparities by:

1. Targeting a major health disparity based on available data, and/or;
2. Enhance access to care for vulnerable and minority populations, and/or;
3. Enhance cultural competency amongst healthcare providers and the public health workforce.

B. PROJECT DESCRIPTION:

1. Describe the **health disparity** need.
2. Describe the evidence that the stated need is a high priority for the community.
3. Describe how the proposed project/activity supports the reduction of health disparities.
4. Identify the evaluation methods for your proposed project/activity. The evaluation methods will be used to assess the impact on the target community.
5. Describe how the proposed project/activity will involve multiple partners and collaborations between organizations.

C. AREA / TARGET POPULATION:

1. Describe the proposed geographic area to be covered.
2. Explain the proposed population to be covered i.e. Entire population within the defined geographic area or limited portion of population within defined geographic area.
3. Describe the characteristics of the population i.e. age, gender, socioeconomic status, race/ethnicity.

D. GOALS AND OBJECTIVES:

This task captures the broad statements of intent (goals) and the measurable, time-specific outcomes (objectives) that will address the above Project Description. Goals are general and should reflect what changes are desired within your targeted population or area. Objectives should support the goals, should describe specific changes that will be accomplished within a certain period of time and are able to be measured.

1. State goal(s) that relate to the proposed project.
2. Identify measurable objective(s) for each goal.

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3. Explain how the goals and objective are linked to the proposed project/activity.

E. PROJECTED TIMEFRAME AND ACTIVITIES:

1. Outline the project/activity timeline.
2. Describe the activities to be completed during the proposed project timeline.
3. Provide supporting details to demonstrate that the activities are measurable, relevant and feasible.

F. PARTNERSHIP OR COALITION RELATIONSHIP:

1. Identify the names of partner groups with whom you will be working to implement the proposed project/activity.
2. Describe the relationship in which you are / will be working to implement the proposed project/activity.
3. Describe how the project will be conducted, managed or directed i.e. by a grass-roots community advisory group or by a distinctly identifiable community component of your organization.

2. RE-AIM PLANNING TOOL: *(This is not included in the 10 page limit)*

Complete **Attachment 3** and submit with your Application.

3. BUDGET:

Please complete **Price Sheet / Fee Schedule – page 17**. PLEASE USE THE FORMAT PROVIDED. The budget provided shall only be for the proposed project, not for the organization as a whole.

4. APPROVAL:

The Contractor Expenditure Report (CER) shall be submitted and approved by ADHS prior to reimbursement (See **Exhibit 1**). Applicant shall submit an Invoice (CER) for 50% of the Budget upon Grant Award, and an invoice for the budget balance upon Grant Project completion and approval by the ADHS Grant Manager.

5. DELIVERABLES:

The Applicant shall submit:

- a. The name, phone numbers and resumes of the Key Personnel, if replaced. (see page 11, item 6)
- b. Interim Progress Report due six (6) weeks after the contract is awarded. This report shall include progress towards program objectives, successes, challenges and line item budget of funds expended.
- c. Final Report of the funded project due on January 31, 2008. This report shall include planning, implementation and outcome(s) through the funded period. This report shall also include evaluative statements and recommendations for others who might wish to undertake a similar effort. A copy of each document created in conjunction with the award of this Contract must be included.

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- d. Financial Statement / Summary due on January 31, 2008, indicating expenditures incurred in conjunction with the award of this Contract.

6. NOTICES, CORRESPONDENCE, REPORTS AND INVOICES:

- a. Notices, Correspondences, Reports and Invoices from the Grantee to the ADHS shall be sent to:

Arizona Health Disparities Center Manager
Arizona Department of Health Services
1740 W. Adams, Room 410
Phoenix, Arizona 85007
Phone No.: (602) 542-1219
Fax No.: (602) 542-2011
Email: tarangp@azdhs.gov

- b. Notices, Correspondences and Report from the ADHS to the Grantee shall be sent to:

Organization: _____
Attention: _____
Street Address: _____
City, State and ZIP Code: _____
Telephone: _____
Email: _____

- c. Payments from ADHS to the Grantee shall be sent to:

Organization: _____
Attention: _____
Street Address: _____
City, State and ZIP Code: _____

PRICE SHEET / FEE SCHEDULE
RFGA NO. HR854059

Line	Budget Categories	Grant Amount	In-Kind / Other (specify source)	Total
1	Personnel			
2	Supplies A. Office B. Others			
3	In-State Travel (@ 0.445 / mile)			
4	Postage			
5	Printing / Photocopying			
6				
7				
8				
	TOTAL	\$	\$	\$

NOTES:

1. Budget categories other than listed may be added to reflect the actual need of your proposed project.
2. There may be an identifiable in-kind contribution.
3. Identify other sources of funds, if applicable.
4. Funds may be used for personnel costs.
5. Administrative overhead **is not** an allowable expense.
6. Funds **may not be used to** pay for direct clinical services or for physical construction or renovation of a facility or space within a building.

ATTACHMENT NO.: 1**RFGA NO. HR854059****BUDGET SUMMARY**

Within the total cost for each budget category, a series of line item costs are to be identified. Provide a brief description of proposed costs. All budgeted amounts are to be rounded to the nearest dollar in each line item and budget category.

1. PERSONNEL

Position Title	Hours/week	# of weeks	Salary (rate/wk)	Total

2. SUPPLIES

a. Office:

b. Other:

3. IN-STATE TRAVEL**4. POSTAGE****5. PRINTING / PHOTOCOPYING**

ATTACHMENT NO.: 2

RFGA NO. HR854059

ARIZONA DEPARTMENT OF HEALTH SERVICES

Grant Certification Form

Complete this Grant Certification Form and return with your Application

The _____
(name of organization)

is submitting this application for funding from the Arizona Department of Health Services,
_____ grant program.

As the _____'s
(name of organization)

contact person, my signature below certifies that to the best of my knowledge all of the information provided in this application is accurate, and if funded, we agree to comply with the requirements of the grant program as described in the announcement, specifically, to meet the reporting and financial requirements of this award:

1. By _____ submit a final report describing the funded project including planning,
(date)
implementation, and outcome(s) through the funded period. This report should include evaluative statements and recommendations for others who might wish to undertake a similar effort. A copy of each document created in conjunction with this award must be included.
2. By _____ submit a financial statement/summary indicating expenditures incurred in
conjunction with this award.

Signature

Print or Type Name and Title

Date

RE-AIM PLANNING TOOL

The key to achieving intended results from an intervention is to take a well rounded approach to program planning. This section is intended as “thought questions”, which serve as a checklist, for key aspects that should be considered when planning an intervention. The best way to use this section would be to think about the issues raised, their pertinence to one’s intervention(s) and making any relevant changes before launching the intervention. The questions listed are generalized and meant as self checks so don’t worry about not answering those that are not relevant to your unique program and situation.

Planning Checklist Questions to improve REACH

1. Do you hope to reach all members of your target population? If yes provide a number or estimate for your target population. If no (due to large size of the target population and budget constraints) provide the proportion of the target population that you want to reach ideally given constraints.
2. What is the breakdown of the demographics of your target population in terms of race/ethnicity, gender and socioeconomic status?
3. How confident are you that your program will successfully attract all members of your target population regardless of age, race/ethnicity, gender, socioeconomic status and other important characteristics?

(1= not at all confident 5= somewhat confident 10-completely confident)

1 2 3 4 5 6 7 8 9 10

4. What are the barriers you foresee that will limit your ability to plan to, and successfully reach, your intended target population?
5. How do you hope to overcome these barriers?
6. Rate the difficulty you expect in overcoming these barriers.

(1= not at all confident 5= somewhat confident 10-completely confident)

1 2 3 4 5 6 7 8 9 10

Questions to improve EFFECTIVENESS

1. Would you categorize your intervention as evidence based or a new innovation?
2. Why did you choose this intervention and its components?
3. What are the strengths of your intervention?
4. Have you come to agreement with key stakeholders about what ‘success’ will be defined as?
5. List the measurable objectives that you wish to achieve in order to accomplish your goal (How will you define success?).
6. What are the likely unintended consequences that may result from this program?

ATTACHMENT NO.: 3

RFGA NO. HR854059

7. Rate your confidence that this intervention will lead to your planned outcome?

(1= not at all confident 5= somewhat confident 10-completely confident)

1 2 3 4 5 6 7 8 9 10

Questions to improve ADOPTION

1. What percent of your organization (e.g. departments, relevant staff etc) will be involved in supporting or delivering this program?
2. What percent of other organizations such as yours will be willing and able to offer this program after you are done testing?
3. How confident are you that your program will be adopted by those settings and staff who provide services for people in your target population who have the greatest need?

(1= not at all confident 5= somewhat confident 10-completely confident)

1 2 3 4 5 6 7 8 9 10

4. What do you think will be the greatest barriers to other sites or organizations adopting this program? Do you have a system in place for overcoming these barriers?

Questions to improve IMPLEMENTATION

1. How confident are you that the program can be delivered as intended?

(1= not at all confident 5= somewhat confident 10-completely confident)

1 2 3 4 5 6 7 8 9 10

2. How confident are you that the program can be delivered by staff representing a variety of positions, levels and expertise/experience of the organization?
3. Is your program flexible (while maintaining fidelity to the original design) to changes or corrections that may be required midcourse?
4. Do you have a system in place to document and track the progress of the program and effect of changes made during the course of the program?

Questions to improve MAINTENANCE (Individual)

1. What evidence is available that suggests the intervention effects will be maintained 6 or more months after it is completed?
2. How confident are you that the program will produce lasting benefits for the participants?

(1= not at all confident 5= somewhat confident 10-completely confident)

1 2 3 4 5 6 7 8 9 10

3. What do you plan to do to support initial success and prevent or deal with relapse of participants?

ATTACHMENT NO.: 3

RFGA NO. HR854059

Questions to improve MAINTENANCE (Community)

1. How confident are you that your program will be sustained in your setting a year after the grant is over and or a year after it has been implemented?

(1= not at all confident 5= somewhat confident 10-completely confident)

1 2 3 4 5 6 7 8 9 10

2. What do you see as the greatest challenges to the long term success of organizations continuing their support of the program?
3. What are your plans for intervention sustainability? Will additional funding be needed?
4. Do you have key stakeholder commitment to continue the program if it is successful?
5. To what degree will the intervention be integrated into the regular practice of the delivery organization?

ATTACHMENT NO.: 4

RFGA NO. HR854059

Arizona Department of Health Services

Grant Payment Request Form

(Name of Organization)

Contract Number _____

Purchase Order Number _____

At this time, _____ (name of organization) is requesting
payment of \$ _____ (%)

Signed: _____

Date: _____

Print or Type Name: _____

Title: _____

Phone #: _____

Approved for payment by ADHS:

Signed: _____

Date: _____

Print or Type Name: _____

Title: _____

Phone #: _____

EXHIBIT 1

RFGA NO. HR854059

CONTRACTOR'S EXPENDITURE REPORT INSTRUCTIONS

This is a multi-purpose form for use by agencies who have a Negotiated Service Contract with the Arizona Department of Health Services. It should be filled out, signed by an authorized person and mailed to the Department not later than the 15th day of the month following the expenditure period or in accordance with the contract. Later submission will delay the allotment of contract funds for the following month.

1. Contract Number
2. Contractor's Name
3. Title of program
4. Reporting Period Covered: From _____ To _____
 - A. Check appropriate box:
 - ☐ Cost Reimbursement – Cumulative Actual expenditures from the beginning of the Contract Period.
 - ☐ Fixed Price – reimbursement type contract.
 - B. Check appropriate box.
5. Detailed statement of expenditures (Cost Reimbursement)
 - ITEM a. Approved budget indicates the total budget for the current contract term. The Line Item Budget per the contract price sheet must be shown.
 - ITEM b. Prior Report Period Year to Date Expenditures are taken from Column D (Total Year to Date Expenditures) of the CER for the prior reporting period.
 - ITEM c. Current Reporting Period Expenditures are accumulated expenses incurred from the beginning of the Reporting Period Covered, broken down by line item.
 - ITEM d. Total Year to Date Expenditures = Column B (Prior Report Period Year to Date Expenditures) plus Column C (Current Reporting Period Expenditures).
6. Detailed Statement of Fixed Price Contracts
 - A. Type of Unit – From unit description/deliverable on price sheet.
 - ITEM 1. Rate per Unit from contract price sheet.
 - ITEM 2. Number of Units Provided for the current Reporting Period.
 - ITEM 3. Item (1) times Item (2) = Total Funds Earned this Reporting Period.
 - ITEM 4. Prior Report Period Year to Date Funds Earned are taken from Column 5 (Total Year to Date Funds Earned) of the CER for the prior reporting period.
 - ITEM 5. Item (3) plus Item (4) = Total Year to Date Funds Earned.
7. Contractor Certification: it is the responsibility of the Chief Executive Officer of the reporting agency to insure valid representation of the agency's expenditures or units reported on Fixed Rate Contracts. Once satisfied, the Chief Executive Officer must sign and date the report. Only an original signature will be accepted.

Arizona Department of Health Services
Accounting/Contracts
1740 W. Adams Street
Phoenix, Arizona 85007

1. Contract Number _____ P.O. # _____

P.O. #

2. Contractor Name

3. Title of Program

4. Reporting Period Covered: From _____ To _____

4A. ☒ Cost Reimbursement -
Cumulative Actual Expenditures

☐ Fixed Price

4B. ☐ Periodic Report

☐ FINAL REPORT**Invoice #**

5. COST REIMBURSEMENT (Actual Expenditures)		Approved Budget	Prior Report Period Year to Date Expenditures	Current Reporting Period Expenditures	Total Year to Date Expenditures
A. Account Classification:		(a)	(b)	(c)	(d)
Personal Services and ERE		\$ -	\$ -	\$ -	\$ -
Professional and Outside Services		\$ -	\$ -	\$ -	\$ -
Travel Expenses		\$ -	\$ -	\$ -	\$ -
Other Operating Expense		\$ -	\$ -	\$ -	\$ -
Capital Outlay Expense		\$ -	\$ -	\$ -	\$ -
Other		\$ -	\$ -	\$ -	\$ -
Total		\$ -	\$ -	\$ -	\$ -

A. Type of Unit:

Rate per Unit

Number of Units Provided
this Reporting Period

Total Funds Earned the Reporting Period

Prior Report Period Year to
Date Funds Earned

Year to Date Funds
Earned

(1)

(2)

(3)

(4)

(5)

TOTAL

ADHS USE ONLY

THIS SECTION FOR ADHS ACCOUNTING USE ONLY

ADHS PROGRAM COORDINATOR CERTIFICATION:

☐ Performance satisfactory for payment☐ Performance unsatisfactory, withhold payment☐ No payment due

PROGRAM COORDINATOR SIGNATURE/DATE

Total Expenditures or total Fixed Price

Adj (if required):

Less: Year to date payments

Adj (if required):

Net payment due:

Index

PCA

AY

Amount

7. CONTRACTOR CERTIFICATION

I certify that this report has been examined by me, and to the best of my knowledge and belief, the reported expenditures and fixed price information is valid, based upon our official accounting records (book of account) and consistent with the terms of the contract. It is also understood that the contract payments are calculated by the Department of Health Services based upon information provided in this report.

AUTHORIZED CONTRACTOR'S SIGNATURE/TITLE/DATE